No. 2
—2-43
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

Registration District No. 143

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11134

Primary Registration District No. 5560

Registrar's No. 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Willow Springs Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Willow Springs
(If not in hospital or institution, write street number or location) V. Twp
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 yrs 7 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Willow Springs 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Levi Mitchell Wilson
3. (b) If veteran, name war
3. (c) Social Security No. 701-14 7841
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Mary Wilson
6. (c) Age of ~~husband~~ or wife if alive 45 years
7. Birth date of deceased July (Month) 29 (Day) 1884 (Year)

8. AGE: Years 59 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Afton (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Retired Railroady
11. Industry or business
FATHER
12. Name Eli Wilson 1
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Agnes Mary Wilson
(b) Address Willow Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) 13 (Day) 44 (Year)
(c) Place: burial or cremation Mapleton, Iowa
18. (a) Signature of funeral director T. R. Burns
(b) Address Willow Springs, Mo
19. (a) Mar. 13-44 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 11 day 11th
year 1944 hour 9 minute P
21. I hereby certify that I attended the deceased from Nov 18th, 1943 to Mar 13, 1944
that I last saw him alive on Dec 30, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dilated Heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95c4

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature S. J. Chenoweth (M. D. or other)
Address Willow Springs Date signed Mar 13

(Licensed Embalmer's Statement on Reverse Side)

345

RECEIVED
District Health Officer No. 5,
District File Number 444222
Date Filed 4-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed D. R. Burns

Licensed Embalmer No. 1837

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.